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APPLICANTS
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**** CONTINUING DATA *******
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**** FOREIGN APPLICATIONS *******
 GERMANY 102 05 739.7 02/12/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** ** SMALL ENTITY **
 01/12/2005

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWINGS 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
Verified and Acknowledged	/MONICA ANNE HUSON/ Examiner's Signature	Initials				

ADDRESS
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TITLE
 Method for producing dentures or an artificial tooth

FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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